ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 124

Registered No. 475

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 1207 Fredrick St Branch Spring St., ... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Agustin Campa

If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Boy

To be answered ONLY in event of plural births.

4. Twin, triplet or other.....

5. No., in order of birth.....

6. Legitimate? Yes

7. Date of birth Aug. 4 1930 (Month Day Year)

8. FATHER

Full name Miguel Campa

9. Residence 1207 Fredrick St (Usual place of abode)

If non-resident, give place and state.

10. Color or race Mexican

11. Age at last birthday 37 (Years)

12. Birthplace (city or place) Chihuahua

(State or country) Mexico

13. Occupation Miner

Nature of Industry

14. MOTHER

Full maiden name Loreta Tellez

15. Residence 1207 Fredrick St (Usual place of abode)

If non-resident, give place and state.

16. Color or race Mexican

17. Age at last birthday 28 (Years)

18. Birthplace (city or place) El Paso Texas

(State or country)

19. Occupation Housewife

Nature of Industry

20. Number of children of this mother.....

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4

(b) Born alive but now dead 4

(c) Stillborn .....

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 p.m. on the date above stated.

Signature Rosa Cortez

(~~Physician or~~ midwife.)

Address 806 Sullivan St

Filed Aug 12, 1930 C. E. Jones Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report..... Month, day, year

..... Registrar.

131-804-332